CONCLUSION The DEB-BMS strategy was inferior to ZES in terms of late loss at 9 months. However, we did not find increase of death or MI in contrast to the previous study, although sample size was small. Considering early re-endothelialization and no residual polymer of DEB-BMS strategy, we think that it could be a feasible alternative treatment option of de novo coronary artery lesions.

TCTAP A-060

Two-Year Results Comparing Cobalt-Chromium XIENCE V and Platinum-Chromium PROMUS Element Everolimus-Eluting Stents

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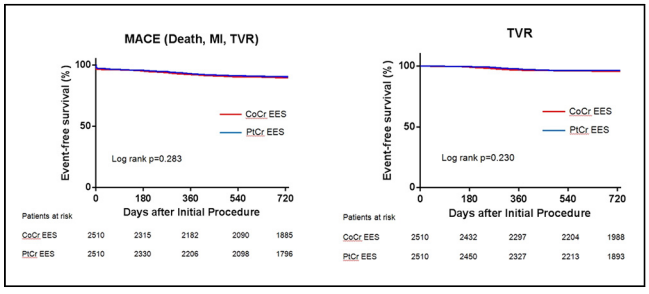
BACKGROUND It remains unclear whether there are differences in the safety and efficacy outcomes between Cobalt Chronium (CoCr-EES) and Platinum Chronium everolimus-eluting stents (PtCr-EES).

METHODS From the Interventional Cardiology Research In-Cooperation Society-Drug-Eluting Stents Registry, we identified 6065 consecutive patients who received CoCr-EES (3080 patients) and PtCr-EES (2985 patients). We compared major adverse cardiac events (MACE) which was defined using a composite measure consisting of death, nonfatal myocardial infarction, or target vessel revascularization (TVR) with the use of propensity-score matching in the overall cohort according to type of stents.

RESULTS At 2-years of clinical follow-up, the 2 study groups (n=2510 for each propensity matched group) did not differ significantly in crude risk of the MACE (12.0% for CoCr-EES versus 11.6% for PtCr-EES; HR,0.954; 95% CI, 0.81 - 1.13, p=0.581).There was also no differences between the stent groups in the risks of the individual component of death (HR, 1.083; 95% CI, 0.786 - 1.492, p=0.624), MI (HR, 0.972; 95% CI, 0.770 -1.228, p=0.812), and TVR (HR, 0.798;95% CI, 0.598 - 1.065, p=0.125). The risk of cerebrovascular event (HR, 0.914; 95% CI, 0.566 - 1.477, p=0.714) and definite stent thrombosis (HR, 1.000; 95% CI, 0.290 - 3.454, p=1.000) were also similar between the two groups.

CONCLUSION The use of CoCr-EES and PtCr-EES showed similar rates of safety and efficacy outcomes with regard to death, MI, stent thrombosis and TVR.



Hazard ratios of the clinical outcomes following the use of PtCr EES compared with CoCr EES

Outcome	Event number/rate (%)* at the 2-year follow-up examination: CoCr EES (n = 2510)	PtCr EES (n = 2510)	Hazard ratio (95% CI)	p value
Death, MI, or TVR	301 (12.0)	292 (11.6)	0.954 (0.808–1.127)	0.581
Death	74 (2.9)	82 (3.3)	1.083 (0.786–1.492)	0.624
Cardiac death	43 (1.7)	56 (2.2)	1.262 (0.842–1.892)	0.260
Non-cardiac death	31 (1.2)	26 (1.0)	0.833 (0.490–1.417)	0.501
MI	149 (5.9)	143 (5.7)	0.972 (0.770–1.228)	0.812
Spontaneous MI	21 (0.8)	26 (1.0)	1.250 (0.694–2.250)	0.457
Cerebrovascular event	37 (1.5)	33 (1.3)	0.914 (0.566–1.477)	0.714
Target vessel revascularization	109 (4.3)	92 (3.7)	0.798 (0.598–1.065)	0.125
Target lesion revascularization	85 (3.4)	63 (2.5)	0.707 (0.505–0.990)	0.044
Definite Stent thrombosis	6 (0.2)	5 (0.2)	1.000 (0.290–3.454)	1.000

TCTAP A-061

Long-Term Clinical Outcomes of Multiple Overlapping (≥60mm) Drug-Eluting Stent Implantation

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BACKGROUND There are limited data regarding the clinical outcomes of very long stent implantations, particularly the use of second generation drug-eluting stents (DES).

METHODS From the IRIS-DES Registry, we identified 406 patients who were treated for coronary stenosis using ≥ 60 mm of overlapping drug-eluting stents. Of these, 269 and 137 patients were treated using cobalt chromium everolimus eluting stent (CoCr-EES) and platinum chromium everolimus-eluting stents (PtCr-EES), respectively. Major adverse cardiac events (MACE) were defined using a composite measure consisting of death, myocardial infarction (MI; periprocedural or spontaneous), or target vessel revascularization (TVR).

RESULTS Per target lesion, the average stent number was 2.7 ± 0.7 and the average stent length was 76.3 ± 14.8 mm. On 2-year clinical follow-up, the rate of MACE, death, spontaneous MI, TVR, and stent thrombosis (definite or probable stent thrombosis) were 31.8%, 4.4%, 2.0%, 7.1%, and 0.5%, respectively. Although 88patients (21.2%) suffered from periprocedural MI, this was not independently associated with death, spontaneous MI, or TVR (hazard ratio [HR], 1.097; 95% confidence interval [CI] 0.58-2.08, p= 0.775). In addition, there were no statistical differences between CoCr-EES and PtCr-EES implantation in terms of the adjusted risks of MACE (HR, 1.223;95% CI 0.82-1.82, p = 0.321) as well as its individual components (death; HR, 0.846; 95% CI 0.311-2.305, p = 0.744, MI; HR, 1.101; 95% CI 0.686-1.768, p = 0.690, TVR; HR, 1.854; 95% CI 0.895-3.841, p = 0.097).

CONCLUSION When treating diffuse coronary stenosis, multiple overlapping stent implantations using second generation DES appear to be equally safe and effective. Although periprocedural MI frequently occurred, it was not associated with an increase in long-term adverse clinical outcomes.